

VOLUME 3

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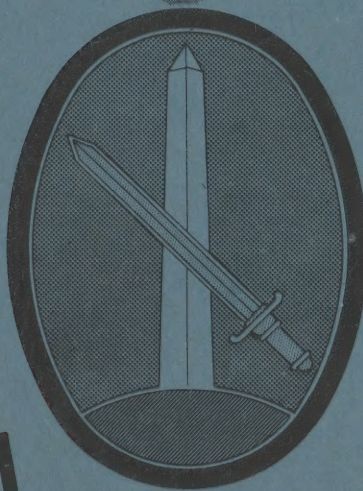
REPORT NO. 1

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MONTHLY HEALTH REPORT

Military District of Washington



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MONTHLY REPORT

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HEALTH



U.S. Army.

HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON.
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.

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JANUARY 1950
Vol. 3, No. 1

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INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

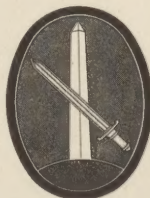
Contributions, as well as suggested topics for discussion, are solicited from Medical Department personnel in the field.

A handwritten signature in cursive script, reading "F. Kilgore", is positioned above the typed name.

FLOYD V. KILGORE
Colonel, MC
Surgeon

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PROFESSIONAL SERVICES

PSYCHIATRIC DISORDERS - Proper Use of Medical Channels 1st Lt. James W. Keenan, MSC Office of the Surgeon, MDW

The problem of a high disability rate from psychiatric disorders is often considered to be of importance only during periods of active combat. This opinion is entirely erroneous and can lead to great difficulties in personnel problems in time of an emergency. The experience with armies of occupation clearly demonstrates that the rate of psychiatric disorders is important to consider during peacetime and it is important for all commanders to be cognizant of any psychiatric disorders or personality deficiencies among their troops.

Malingering, correctly defined, is the intentional, calculated attempt to produce or simulate illness or injury for the purpose of evading duty or responsibility. Therefore, in its true form, it is an act or behavior which is entirely conscious and premeditated. Numerous behavior disorders arise as the result of unconscious (nonvolitional) motivational factors, which cannot be controlled by the individual's conscious mind or will. The differentiation between normal socially acceptable behavior and abnormal behavior often is explainable only upon the basis of such unconscious motivation. Many commanding officers have failed to differentiate properly between the conscious and unconscious factors involved in abnormal or asocial behavior and as a consequence they tend to consider all such behavior as conscious or "malingering". A better understanding of the complicated structure of the personality and the significance of unconscious motivation would lead such commanding officers to agreement with the incontrovertible scientific evidence that true malingering is relatively rare even among combat troops. A very real danger lies in the failure to differentiate the mentally ill soldier from the deliberate malingerer. Not only may gross miscarriage of justice result but also unit morale may suffer serious damage from the subsequent loss of confidence in leaders who erroneously prosecute or label mentally ill soldiers as malingerers.

Most commonly, malingering is apt to be confused with the various types of psychoneuroses. These psychoneuroses are a definite type of mental illness, psychologically dependent upon unconscious factors and beyond the individual's voluntary control. Malingering, on the other hand, is a voluntary and conscious process which is neither a medical diagnosis nor an illness. Psychoneurosis is never a type of malingering, although it is quite possible that the psychoneurotic individual may overemphasize and consciously attempt to capitalize upon the symptoms resulting from his illness. On the basis of psychiatric knowledge and practice, all personality deviation or misbehavior may be regarded as the result of maladjustment. In the Army, however, for the sake of justice and morale, sharp distinction must be made between those individuals whose socially abnormal ideas, emotions, and behavior are the result of illness and those individuals in whom such deviations are deliberate and voluntary. It is obvious that such distinction, involving as it does medical and psychiatric considerations, cannot be made adequately without proper professional advice.

It is important that when an enlisted man or officer is sent for psychiatric observation to the local hospital that proper information be forwarded through military channels in order to aid the psychiatric staff of the hospital in making a complete examination and analysis of the individual's personality. Some unit commanders still fail to see that proceedings under AR 615-369 are clearly an administrative problem, as an additional task falling to Medical Officers assigned to evaluate soldier material for AR 615-368 and 615-369 boards. Too often unit commanders attempt to give the medical officer and the hospital the burden of proof in demonstrating inaptness in a soldier instead of demonstrating by testimony before 615-369 boards specific instances of military inefficiency. Too much emphasis is still placed on the Psychiatrists Certificate used in lieu of proper testimony, whereas this has never been the intent of Army policy. Too much is still expected of the Medical Officer in the way of supplying facts for boarding the soldier and little is supplied to him for proper evaluation. These and related duties in connection with work-up of military inefficient soldiers converts a simple matter into a complicated one especially since soldiers of this type are behavior problems. These cases demand extensive administrative attention which of necessity must be individualized and in addition is time-consuming for the Ward Officer preparing the case.

The unit commander and the dispensary medical officer should collaborate in providing the essential information for proper evaluation by the psychiatrist. Such information should contain the following:

PROFESSIONAL SERVICES

- a. Statements concerning past and present behavior of subject soldier.
- b. His efficiency and character ratings.
- c. Any abnormalities of behavior including his habits as to the use of drugs and alcohol.
- d. When available, an extract copy of his D/A AGO Form No. 20 (Soldier's Qualification Card).

This information should be forwarded as expeditiously as possible directly to the Neuropsychiatric Section of the hospital where the Neuropsychiatric Examination is to be held. When this is promptly accomplished, the unit commander would have the benefit of the following:

1. Review of facts available for use later in directing testimony at 615-369 proceedings.
2. Positive information as to whether the case will be a fit subject for AR 615-369 proceedings or one requiring other type of management, such as transfer to another unit, change of assignment, court-martial, etc.
3. Psychiatrists Certificates made out at time the soldier is evaluated, for consideration of 615-369 board and reviewing authorities.

Administrative effort now wasted by present methods would be reduced, shortening the time required to discharge inapt soldiers to civilian life.

The proper evaluation and use of the administrative and medical channels for the rapid elimination of inapt, maladjusted, untrainable, and anti-social personalities will insure an alert, dependable fighting force that will be ready to fulfill its mission.

Nowhere in the regulations, written or unwritten, is the personal responsibility of the commander for his troops eliminated. It relies upon the commander to utilize every possible force of his leadership to insure that the moral, social, physical, mental and military standards of his men are the highest attainable.

PREVENTIVE MEDICINE

PREVENTIVE MEDICINE PARASITOLOGY AND ENTOMOLOGY

RELATION TO PUBLIC HEALTH: At one time it was believed that anyone interested in Parasitology and Entomology from a medical standpoint would have to go to the tropics or subtropics to satisfy their interest. Many of the writings dealing with the subject have some such title as "Tropical Medicine", while other writings will barely mention the subject. It is true, however, that tropical and sub-tropical climates do favor a greater population of human parasites and arthropods of medical importance, while, on the other hand, no area is free of these animals that affect the health and mental attitude of man. In the cold of the great northern tundra, swarms of mosquitoes and otherbiting insects prevent the settlement of certain locations. Fluke infections have caused towns and communities of Korea to be abandoned. Tapeworms and other flesh-inhabiting parasites may be found in meats and fish of northern countries. Intestinal amebic infection has no limits of its infection, while the ever present housefly is cosmopolitan in its distribution serving as a vector of diarrhea, dysentery and many other diseases.

PREVENTIVE MEDICINE

Without a knowledge of the facts concerning the distribution and prevalence of parasites and arthropods, we are helpless to prevent serious human discomfort and diseases among troops. During the last war many areas were entered without this knowledge and consequently the casualty list, as a result of parasites and arthropods, was much greater in certain areas than from battle. An epidemic of amebic infection in Chicago during the World's Fair in 1933 resulted in over 1500 reported cases of amebic dysentery and 98 deaths. It is a safe estimate when we say that over twice this number were never diagnosed.

Parasitic infection: Parasites have played an important role in the history of civilization, because they cause many of the ills to which human beings and animals are subject. Certain parts of the world are unsuited for civilization largely because of the prevalence in those regions of parasitic diseases that injure and destroy human life and domestic animals. Many areas that were formerly unsuitable for civilized living, however, have been made safe, in whole or in part, by the vigorous application of sanitary measures designed to keep parasitic diseases in check or to eradicate them.

Malaria, one of the most deadly diseases of mankind, African sleeping sickness, and amebic infection are examples of devastating human parasitic diseases caused by micro-organisms known as protozoa. Hookworm disease, at one time an important factor in the physical and mental retardation of a considerable portion of the population of the southern part of the United States, and still a public health problem of considerable importance in the tropical and subtropical belts of the globe, including parts of this country, is an outstanding example of a dangerous worm infection.

Under the designation of parasites are included a number of animal groups, some of which are only remotely related to one another. In fact parasitism is so widespread in the animal kingdom that very few of the major groups of animals are altogether free from forms that lead a parasitic existence. Fortunately, however, from the standpoint of human health only three groups need be taken into consideration: (1) Protozoa, or unicellular animals; (2) Worms or helminths; and (3) insects, ticks, and related forms, many of which act as intermediate hosts and vectors for infective parasites.

a. Protozoa: Protozoa, or protozoans, are the simplest forms of animal life, the entire body of one of these organisms consisting of a single cell. Some protozoans are free-living and occur in fresh, brackish, and salt water, in soil, and in a variety of other locations. Other protozoans are not free-living but parasitic in various parts of the bodies of animals of all kinds, including human beings. Some groups of parasitic protozoans resemble more less closely related free-living forms, whereas others contain only parasitic species. The latter (sporozoans, malaria as an example) have become so greatly modified by the parasitic mode of life that they have no organs of locomotion. Some protozoans (ameba) move by a flowing of the entire body substances, others (flagellates) by means of one or more whip-like lashes known as flagella; and some (ciliates) by small hair-like processes, called cilia, located all over the body. Protozoans of all four groups occur in man, and some of them produce serious and fatal diseases.

The rapid multiplication of protozoans produces a severe invasion of the host. If the parasites live in the lumen, or cavity, of the digestive tract without penetrating the tissues proper, the host can usually cope successfully even with huge numbers, but if they penetrate the lining of the digestive tract, invade the blood, or are carried to various organs and tissues, serious consequences are likely to follow:

Some parasitic protozoans have but one host, infection resulting from the ingestion of food or water contaminated with the organisms eliminated with the feces of infected persons. On the other hand, certain protozoans are transmitted from host to host only through vectors. The vector-borne protozoan diseases are among the most serious and are very difficult to control. Malaria is transmitted by certain species of mosquitoes, which acquire the infection from the blood of an infected human being, and tick fever is transmitted by cattle ticks. Houseflies may serve as mechanical vectors of many of the protozoans.

b. Worm parasites: The worms parasitic in human beings are visible to the naked eye in the adult stage, when their length ranges from a fraction of an inch to several feet. The surface of the body has a hard covering which protects the softer internal parts. Spines, hooks, teeth, and suckers are among the armatures of worms, these structures serving various purposes and enabling the parasites to attach themselves to the organs and tissues of the host. Worm parasites in the immature

PREVENTIVE MEDICINE

stages wander more or less extensively in the course of their invasion of a host, and some do as adults.

Save for a few exceptions, the eggs or the larvae that hatch from the eggs must leave the host animal in which they originate to undergo further development on the ground or elsewhere in the open or in intermediate hosts. Depending on the kinds of parasites concerned, susceptible hosts acquire worms by: (1) swallowing infective eggs or larvae with feed or water; (2) the penetration of infective larvae through the skin; (3) swallowing intermediate hosts; and (4) being bitten by skin-piercing insects harboring infective larvae. Slight or moderate infections in a host animal are increased in intensity by the entrance of additional infective organisms.

Worms occur in a variety of locations in the body, the entire digestive tract, from the mouth to the large bowel, being one of the principal habitats of these pests. They also occur under the skin; in the muscles; in the abdominal cavity, liver, pancreas, spleen and kidneys; in the chest cavity, heart, and lungs; in connective tissue; in the brain and other parts of the central nervous system; in the eyes and other organs of sense; and in other locations. In fact, hardly an organ tissue, or cavity in the human body is absolutely resistant to invasion by worm parasites.

Although the worm parasites have much in common they fall into four distinct groups: (1) flukes, or trematodes; (2) tapeworms, or cestodes; (3) roundworms, or nematodes; and (4) thorny heads, or acanthocephalids. These groups have more or less distinct habits and modes of transmission, a study of which is not applicable at this time.

Arthropods and human disease: Arthropods (insects and their allies) are probably more important than all other groups in the Animal Kingdom, except man himself, as transmitters to man of disease-causing organisms. While modern investigations indicate that some of the diseases produced by arthropod-transmitted parasites may at times be contagious (yellow fever), the great majority of these infections is usually, if not always, acquired by human association with the appropriate arthropod. The medical importance of the arthropod group is due not so much to the number of species of pathogens which they transmit, as it is to the significance of these parasites in causing morbidity and mortality, and their extensive distribution over the face of the globe. This appraisal of the situation will be self-evident by the mention of a few of these diseases, of which malaria, plague, typhus and yellow fever are probably the most important. From ancient times, the first three of these infections have produced untold economic loss and death in the human population, and all of them have at times reached pandemic proportions.

a. **Arthropods as transmitters of pathogens:** In their role as transmitters of these and other pathogens to man, arthropods vary in the intimacy of their association with the disease-producing organism. In their simplest relationship they may be only vectors, i.e., purely mechanical carriers of the etiological agent. Thus the housefly, in carrying the organisms of typhoid fever, cholera, bacillary dysentery or amebiasis from a deposit of human excreta to human food or drink, serves only in this capacity. Likewise, tsetse flies in endemic foci in Africa may, within the first few hours after ingestion of a blood meal from a trypanosomiasis patient, serve as mechanical transmitters of the trypanosome to another individual, from whom additional blood is being obtained. On the other hand, the trypanosomes more commonly undergo a metacyclic phase of four to forty days' duration in this host before the fly is infective for man. In this latter case, as usually in yellow fever, dengue, malaria, typhus, plague and many other diseases, there is required incubation period within the arthropod host. In some infections in which incubation, either with simple multiplication of the organism or with a required metacyclic or larval phase, takes place in the body of the arthropod, the intestinal lumen of this host serves as the incubating reservoir. Other infections become intracellular inclusions in practically every organ and tissue of the arthropod's body.

Although with few exceptions the arthropods of medical interest, serving as transmitters of disease, ingest the pathogenic organisms, the methods by which they convey the organisms to man are various. Non-blood sucking flies may deposit a vomit-drop containing the pathogens on human food or drink (enteric infections of man), and blood-sucking species may introduce them into the human skin. Some non-blood-sucking flies may ingest filth during their larval stage and the associated pathogens may be retained in their intestines during the period of pupation and be deposited later by the adult fly in human food or in human tissues. Other species of arthropods may obtain the parasitic organisms in a blood meal from a patient and later deposit them in a vomit-drop in the puncture wound (plague) or in fecal pellets near-by the puncture wound (typhus) made in the skin of an unin-

PREVENTIVE MEDICINE

ected person. Still others discharge the organism in minute droplets of salivary secretion (malaria) at the time they procure a blood meal, or into the proboscis, thus enabling the pathogens (filaria) to migrate out of the proboscis and reach the vicinity of the puncture wound.

b. Arthropods as etiological agents of disease: In addition to their importance in the transmission of pathogenic organisms to man, arthropods themselves play a significant part as disease producing organisms. Certain species, like the larval stage of the myiasis-producing flies, the chigoe and sarcoptic mite, invade the tissues of man and cause serious lesions. Others, by mechanical means, and by toxins introduced into the skin, set up troublesome and at times serious manifestations. Trauma is caused by a tick when it introduces its hypostoms and chelicerae into the skin preparatory to obtaining a blood meal from man. Certain ticks produce fatal paralysis in some individuals, due presumably to toxins in their secretions. Venoms introduced into the skin by the bite of a "black-widow" spider, or the sting of a scorpion or bee, may at times produce both local reactions and profound systemic shock. Even some of the minute blood-sucking flies, in depositing droplets of saliva in the skin, may provoke serious allergic reactions.

FOURTH ARMY MEDICAL LABORATORY
BROOKE ARMY MEDICAL CENTER
Fort Sam Houston, Texas 1949

DENTAL SERVICE

DENTAL ENGAGEMENT SLIP

a. This dental engagement or appointment slip, WD AGO Form 8-103, is intended to be used in obtaining the release of military personnel from routine duties for the purpose of receiving necessary dental treatment. The form is addressed to the commanding officer of the unit or organization to which the patient belongs and is in nature of a request that the man or men be excused from other duties at the time of dental appointment so that dental treatment may be received at the designated and planned time. The commanding officer of the unit to which the man or men belong will ordinarily be responsible that the men concerned are made available at the proper time unless some very urgent duty prevents.

b. It is very important that the man take this dental engagement slip to his commanding officer, which means that he will deliver it to his first sergeant, and he should do this immediately upon his return from the dental clinic. If this is done, the first sergeant knows in advance that a certain soldier or soldiers are expected at the dental clinic at a certain time on a certain day, and he will usually find it possible to arrange for the men to be there at the proper time by arranging company details accordingly. On the other hand, if the man fails to present the dental engagement slip upon his return to his first sergeant but awaits until the day of the appointment, it frequently happens that the first sergeant may find it is not possible to release the man so that he may keep the appointment. Therefore, when a Form 8-103, Dental Engagement Slip, is given to an enlisted man it is well to caution him to present it to his first sergeant immediately upon his return to his organization. In some large clinics it may be found that a rubber stamp with these instructions may be conveniently used as a reminder by stamping the instructions directly on the form itself.

MEDICAL AND DENTAL APPOINTMENT SLIP

This standard form, WD AGO Form 8-97, has been devised as an individual patient reminder of the date and hour of his next appointment. This form should be used rather than a locally devised substitute as it is always better practice to use a standard form if it is adequate and available. Many stations have devised a small appointment slip which they have had mimeographed locally, but, as stated above, it is preferable to use a standard form and the use of local substitutes is to be discouraged.

VETERINARY SERVICE

✓ LEPTOSPIROSIS

Leptospirosis, an infectious jaundice, is caused by a spirochetal organism known as the *Leptospira icterohemorrhagiae* or related species such as *Leptospira canicola*. The former organism is found in the dog, cat and the rat, while the dog acts as the host for the latter. This disease is found in all parts of the world. It is transmitted from animals to man and can be classified as an occupational hazard. Fishermen, bargemen, packinghouse workers, sewer workers, and other laborers who work in areas infected with rats may be exposed to leptospirosis. Veterinarians who work with infected dogs and cats may also acquire the disease. Polluted bathing or drinking water when consumed or having been in contact for a long period of time with the human body may produce the infection.

Canine leptospirosis was first reported in Europe in 1916 and later in the United States in 1923. Increasing numbers of cases of leptospirosis are being reported in both the canine and human population of the United States. Diagnostic tests performed by the Army during the war on the animals presented for duty in the K-9 Corps revealed a widespread distribution and a relatively high incidence of this infection in the dogs examined at that time. Recent surveys to determine the incidence of infection in unselected groups of dogs in the United States show the incidence to be from 11 to 38 percent. Recent investigations indicate from 10 to 40 per cent of the wild rats in the U. S. are infected with *Leptospira icterohemorrhagiae*. Cats have been found to harbor the same organism. These latter findings are important particularly in connection with the cat who is not housebroken and may urinate in buildings or places that may expose the human beings to the infection. Since urine is perhaps the principle infective agent, persons coming in contact with such body discharges should protect themselves by the wearing of rubber gloves and by thorough disinfection of the contaminated objects and areas.

Diagnosis of this disease in dogs can be made tentatively from clinical symptoms. A definite diagnosis should be based on laboratory tests including demonstration of the organism in the blood by means of dark field microscopic examination or by the agglutination tests.

In the dog, the febrile stage may last about a week and during this period spirochetes may be found in the blood stream. The icteric stage lasts for about one week following the febrile stage.

Leptospirosis in man appears with symptoms of muscular pains, a heavily coated tongue, leucocytosis, albuminuria, meningeal symptoms and flushed conjunctivae. Hemorrhages and/or jaundice may appear in about one-third of the infected cases. Reported mortality statistics in America indicated that about 17% of people under forty years of age and 63% of those over forty succumb to the infection. These figures are much higher than reported in other parts of the world.

Early diagnosis is desirable since Penicillin and immune serum have been reported as being effective in the treatment of leptospirosis in the dog if administered in the early stages of the infection. In some areas where the incidence of this infection is high, immunization with vaccines of heat-killed suspensions of *Leptospira* is sometimes resorted to as a protective measure for those persons exposed to the possibility of infection.

A satisfactory program of control and treatment requires a close cooperation between the medical and veterinary professions.

ADMINISTRATIVE DIVISION

PERSONNEL NOTES

During the month of December 1949, the following personnel joined the Military District of Washington units indicated:

NAME	RANK	BRANCH	ORGANIZATION
Dooley, James	Captain	MSC	7071 ASU, Ft. Belvoir
Walsh, Helen G.	1st Lieutenant	ANC	7071 ASU, Ft. Belvoir
Fitzgerald, Ruth	1st Lieutenant	ANC	7071 ASU, Ft. Belvoir

The following personnel departed from the Military District of Washington organizations indicated during the month of December 1949:

NAME	RANK	BRANCH	ORGANIZATION
Schlaseman, Guy W.	Captain	MC	7011 ASU, Ft. Myer - Separated
Katz, Freda Z.	Captain	WMSC	7071 ASU, Ft. Belvoir - Separated
Cerra, Quinones	1st Lieutenant	MC	7071 ASU, Ft. Belvoir - Transferred to European Command



RETIREMENT OF SURGEON, MILITARY DISTRICT OF WASHINGTON

On 31 January 1950, Colonel Floyd Vern Kilgore, M.C., Surgeon, Military District of Washington and Commanding Officer, General Dispensary, The Pentagon, will retire after thirty-two (32) years of active duty.

Floyd V. Kilgore was born January 27, 1890 at Vermilion, Illinois. He attended DePauw University, Greencastle, Indiana, graduating in 1912 with a degree of Bachelor of Arts. He subsequently attended the Medical Department, University of Louisville, Kentucky, graduating in 1916, with a degree of Doctor of Medicine, following which he completed in 1917 an 18 months internship in Louisville City Hospital, Louisville, Kentucky. He graduated from the Army Medical School, Washington, D. C. February 25, 1918, and completed an advanced graduate course at the Army Medical School, Washington, D. C., in 1936.

On 1 January 1942, Colonel Kilgore was Hospital Commander at the Cantonment Hospital, Fort Sill, Oklahoma. In February of that year, he assumed command of the 26th General Hospital and took this hospital through the campaign in North Africa and later in Europe. He returned to the continental limits on 24 December 1944 and assumed command of the Cushing General Hospital in Framingham, Massachusetts. In November 1946, Colonel Kilgore became Post Surgeon of the Army War College, Washington, D. C., Surgeon, Military District of Washington and Commanding Officer of the General Dispensary, The Pentagon.

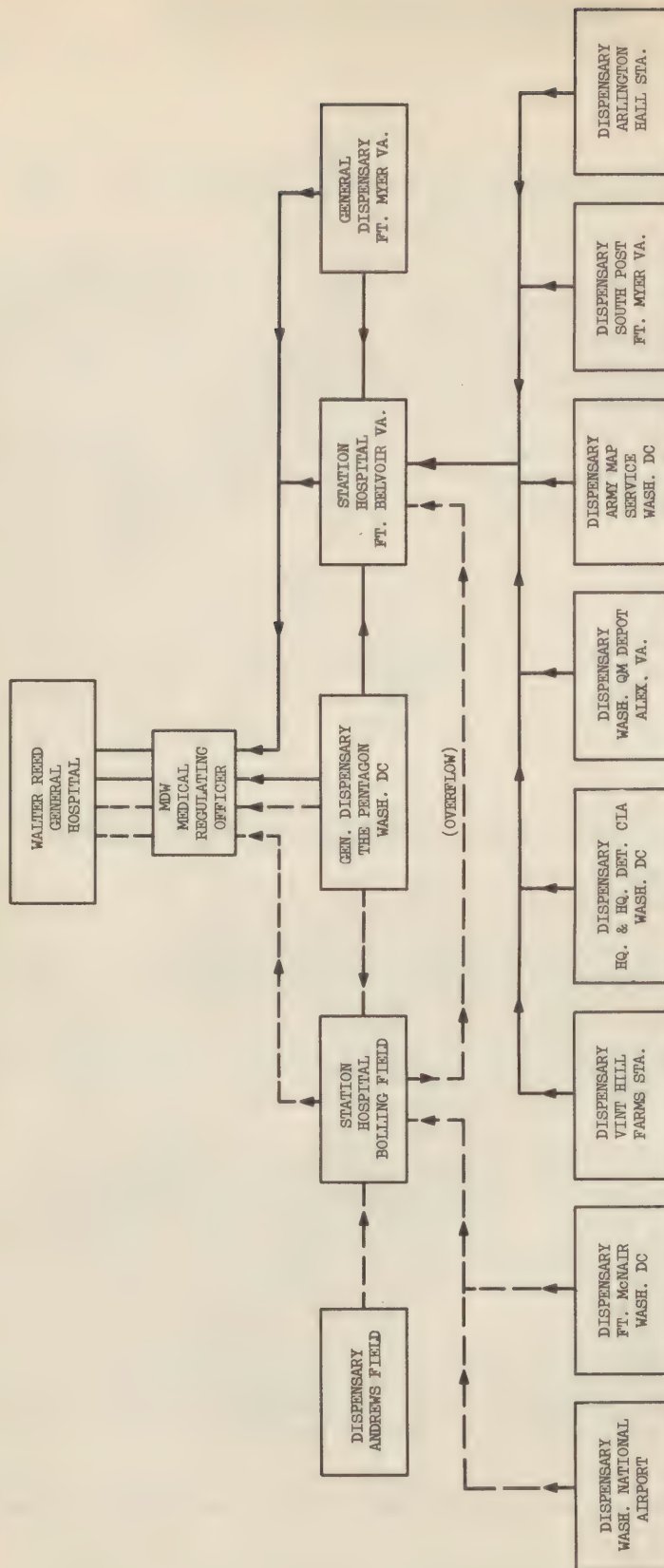
Colonel Kilgore has received the Legion of Merit with Oak Leaf Cluster.

Except for assignments to various Army courses of instruction, duty in hospital assignments has been continuous, and, for the past twenty years, has been devoted almost exclusively to internal medicine.

He is a member of the American Medical Association, and an Associate of the American College of Physicians.

Colonel and Mrs. Kilgore will reside at 2350 South Nash St., Arlington, Va.

PATIENT FLOW CHART FOR MEDICAL ACTIVITIES WITHIN GEOGRAPHICAL AREA OF MILITARY DISTRICT OF WASHINGTON



LEGEND	
—	D/A PERSONNEL
- - -	USAF PERSONNEL

PREVENTIVE MEDICINE

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GENERAL COMMENT

THE HEALTH OF THE COMMAND CONTINUED TO BE EXCELLENT.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and II installations exclusive of Army Medical Center, Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of either service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page 10.)

The non-effective rate decreased over the November rate of 7.56 to 6.45 for the month of December. Days lost as a result of disease and injury totalled 4200 during December. A total of 3980 days lost was reported for the four-week period ending 25 November 1949.

The total admissions for disease and injury in December were 512. Admissions for disease totalled 433; admissions for injuries totalled 79. The admission rate for December for all causes was 287.1, which may be compared to the November rate of 293.3. Fort Belvoir reported the lowest rate for all causes with a rate of 173.4 and South Post, Fort Myer, the highest rate with 633.6.

The incidence of injuries increased from 58 cases and a rate of 40.2 in November to 79 cases and a rate of 44.3 in December. Decrease in injury rate was reported at Fort McNair and General Dispensary, USA, The Pentagon; all other units reflected an increase in injury rates. The General Dispensary, USA, The Pentagon, reported the lowest rate with 3.0 and units listed as "All Others" the highest with a rate of 128.0.

The rate for disease cases during December was 287.1 for 512 cases. November rate was 293.3 for 423 cases. The decrease in rate during December even though number of cases had increased may be reconciled by reason of December being a 5-week report period and November a 4-week report period. Units listed as "All Others" reported the lowest rate of 128.0 and South Post, Fort Myer, reported the highest with a rate of 562.5.

A total of three (3) deaths was reported by installations throughout the five-week report period ending 30 December 1949.

COMMUNICABLE DISEASE

COMMUNICABLE DISEASE RATE HAS BEEN NORMAL DURING DECEMBER.

Common respiratory diseases increased in incidence during the month of December with 132 cases reported with a rate of 74.0. The rate for November was 67.3 for 97 cases. The highest incidence of respiratory disease was reported at South Post, Fort Myer, with a rate of 201.3. The lowest incidence was reported at Fort Belvoir with a rate of 19.4.

Admission rates for pneumonia all types increased during the month of December to 10.0 from the rate of 4.8 in November.

No cases of measles or scarlet fever were reported throughout December 1949.

Fort Belvoir reported 5 cases of mumps and 6 cases of tuberculosis during December.

Pertinent statistical tables may be found on pages 10 and 12.

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PREVENTIVE MEDICINE

GENERAL DATA
5 Week Period Ending 30 December 1949
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH		Negro	DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White		All Causes		Diseases		Injuries			
				Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir (A)	9,137	7,660	1,477	152	173.4	134	152.9	18	20.5	10.03	2
(AF)	191	191	0	6	327.6	6	327.6	0	-	8.53	0
Fort McNair (A)	939	854	85	39	433.1	29	322.1	10	111.0	2.65	0
(AF)	94	94	0	0	-	0	-	0	-	-	0
Fort Myer, Virginia (A)	1,586	1,384	202	87	572.0	70	460.2	17	111.8	4.27	0
(AF)	0	0	0	8	-	7	-	1	-	-	0
South Post, Fort Myer (A)	1,761	1,761	0	107	633.6	95	562.5	12	71.1	3.54	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
General Dispensary, USA (A)	3,466	3,432	34	85	255.7	84	252.7	1	3.0	2.99	1
(AF)	3,370	3,361	9	102	315.6	95	294.0	7	21.6	1.95	0
All Other (A)	1,711	1,711	0	42	256.0	21	128.0	21	128.0	1.44	0
(AF)	22	22	0	0	-	0	-	0	-	-	0
Total Mil Dist of Wash (A)	18,600	16,802	1,798	512	287.1	433	242.8	79	44.3	6.45	3
(AF)	3,677	3,668	9	116	329.0	108	306.3	8	22.7	2.54	0
AMC- Med Det (Duty Pers)*	1,774	1,614	160	104	611.3	100	587.8	4	23.5	5.09	0
AMC- Det of Patients*	1,173	1,063	110	122	1,084.6	106	942.3	16	142.3	988.21	2
AMC- Total (Army)	2,519	2,275	244	187	774.1	171	707.9	16	66.2	359.25	2
AMC- Total (Air Force)	428	402	26	39	950.2	35	852.7	4	97.5	615.09	0
AMC- Total (A & AF)	2,947	2,677	270	226	799.7	206	728.9	20	70.8	396.40	2
Total Dept/Army Units	21,119	19,077	2,042	699	345.1	604	298.2	95	46.9	48.53	5
Total Dept/Air Force Units	4,105	4,070	35	155	393.7	143	363.3	12	30.4	66.41	0
* Army and Air Force personnel included											

* Army and Air Force personnel included

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
5 Week Period Ending 30 December 1949
(Data From WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Disease
Fort Belvoir (A)	19.4	17.1	8.0	-	-	5.7	-	6.8	1.1	-	3.4	-	6.8
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	55.5	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer, Virginia (A)	138.1	13.1	13.1	32.9	-	-	-	-	-	6.6	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
South Post, Fort Myer (A)	201.3	-	-	17.8	-	-	-	-	-	-	-	5.9	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA (A)	120.3	3.0	-	27.1	-	-	-	-	-	-	-	-	6.0
(AF)	157.8	-	-	21.7	-	-	-	-	-	6.2	-	-	-
All Others (A)	91.4	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash (A)	74.0	10.0	5.0	9.5	-	2.8	-	3.4	0.6	0.6	1.7	0.6	4.5
(AF)	153.1	-	-	22.7	-	-	-	-	-	5.7	-	-	-
*AMC-Med Det (Duty Pers)	64.7	-	-	5.9	-	5.9	-	-	-	11.8	-	-	-
*AMC-Det of Patients	8.9	-	-	-	-	-	-	26.7	-	-	8.9	-	62.2
AMC- Total (Army)	45.5	-	-	4.1	-	4.1	-	12.4	-	8.3	4.1	-	12.4
AMC- Total (Air Force)	24.4	-	-	-	-	-	-	-	-	-	-	-	97.5
AMC- Total (A & AF)	42.5	-	-	3.5	-	3.5	-	10.6	-	7.1	3.5	-	24.8
Total Dept/Army Units	70.6	8.9	4.4	8.9	-	3.0	-	4.4	0.5	1.5	2.0	0.5	3.4
Total Dept/Air Force Units	139.7	-	-	20.3	-	-	-	-	-	5.1	-	-	10.2

* Army and Air Force Personnel Included

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VENEREAL DISEASE

VENEREAL DISEASE RATE FOR DECEMBER WAS THE LOWEST EXPERIENCED DURING THE PAST TWO YEARS.

The rate for December 1949 was 6.73, which may be compared to the November rate of 13.87. All units reported a lower rate than that of the previous month. For the sixth consecutive month, the General Dispensary, USA, The Pentagon, has reported no cases of venereal disease. No cases of venereal disease have been reported from Fort Lesley J. McNair for the fourth consecutive month.

A total of 12 cases was reported during the five-week period ending 30 December 1949. All cases were reported from Fort Belvoir. A breakdown of the 12 cases reveals that 3 were diagnosed as syphilis and 9 as gonorrhea.

During December, 4 cases were incurred by white personnel with a rate of 2.48 per thousand troops per annum, and 8 cases were incurred by Negro personnel, with a rate of 46.40.

The consolidated total for all units including Army Medical Center decreased for the report period. The December rate was 7.41 as compared to the November rate of 15.38. This consolidated rate for December was the lowest experienced during 1948 and 1949.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (December) in addition to the rate per 1000 men per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 12, 13, 14 and 15.

NEW VENEREAL DISEASE CASES - EXCL EPTS - OCTOBER, NOVEMBER, AND DECEMBER

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	OCTOBER 49	NOVEMBER 49	DECEMBER 49	DECEMBER 49
Fort Belvoir	37.18	25.18	13.70	1.313
Fort McNair	-	-	-	-
Fort Myer	-	16.38	-	-
South Post, Fort Myer	7.17	-	-	-
General Dispensary, USA	-	-	-	-
All Others	15.58	-	-	-
Total Mil Dist Wash Units	20.38	13.87	6.73	.645
Army Medical Center - Total	11.69	27.29	12.42	1.190
Total Dept/Army Units, Mil Dist of Washington	19.45	15.38	7.41	.710

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

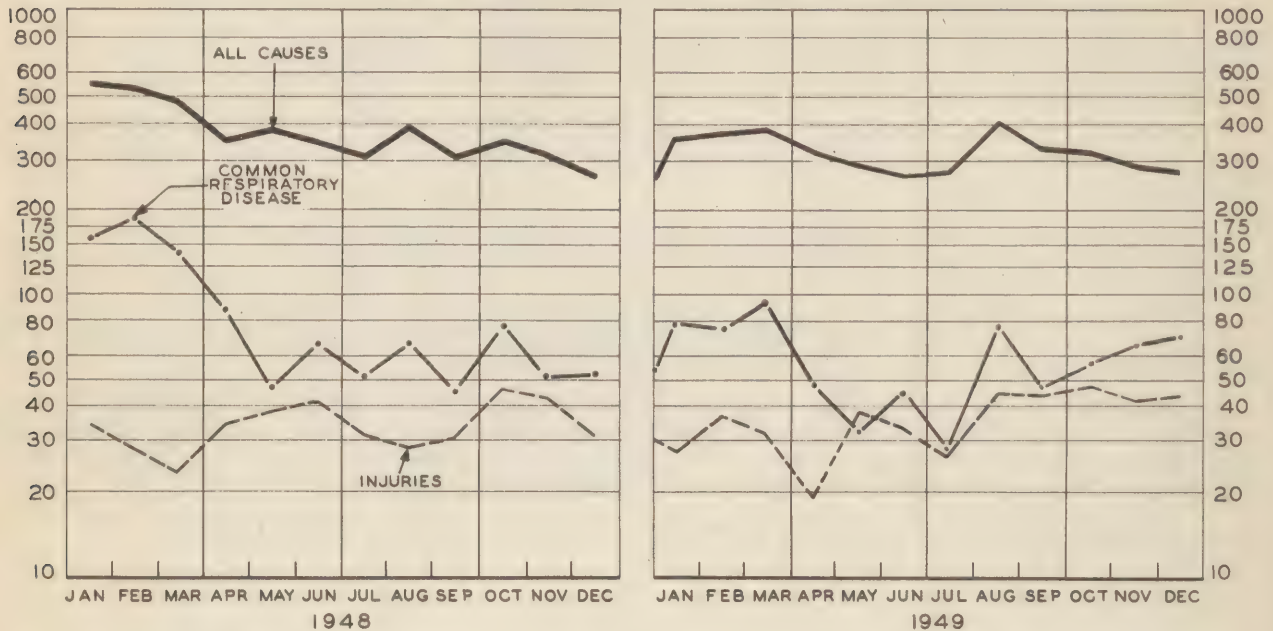
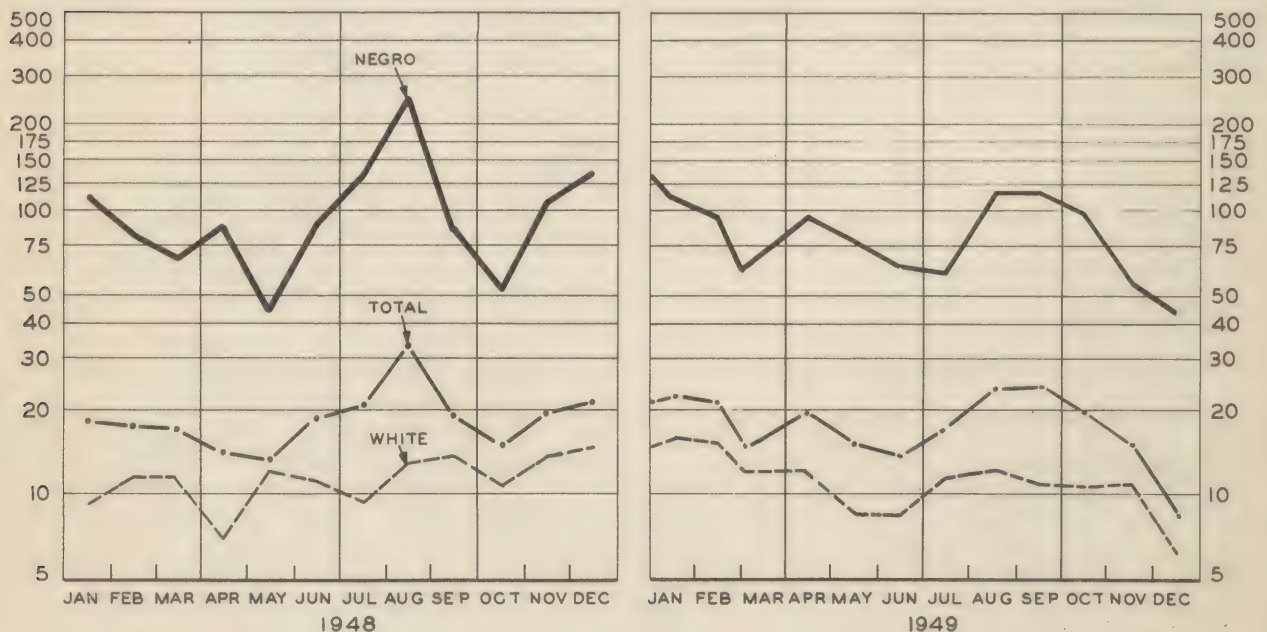


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Five Week Period Ending 30 December 1949 (Data from WD AGO 8-122)(Chargeable Cases)

	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7,660	1	3	0	4	5.45	12
	N	1,477	2	6	0	8	56.48	10
	T	9,137	3	9	0	12	13.70	22
Fort McNair	W	854	N O N E					
	N	85						
	T	939						
Fort Myer, Virginia	W	1,384	N O N E					
	N	202						
	T	1,586						
South Post, Fort Myer	W	1,761	N O N E					
	N	0						
	T	1,761						
General Dispensary, USA	W	3,432	N O N E					
	N	34						
	T	3,466						
All Others	W	1,711	N O N E					
	N	0						
	T	1,711						
Total Mil Dist of Wash	W	16,802	1	3	0	4	2.48	12
	N	1,798	2	6	0	8	46.40	10
	T	18,600	3	9	0	12	6.73	22
Army Medical Center - Total	W	2,275	2	0	0	2	9.17	224
	N	244	0	1	0	1	42.74	166
	T	2,519	2	1	0	3	12.42	390
Total Dept/Army Units	W	19,077	3	3	0	6	3.28	236
	N	2,042	2	7	0	9	45.96	176
	T	21,119	5	10	0	15	7.41	412

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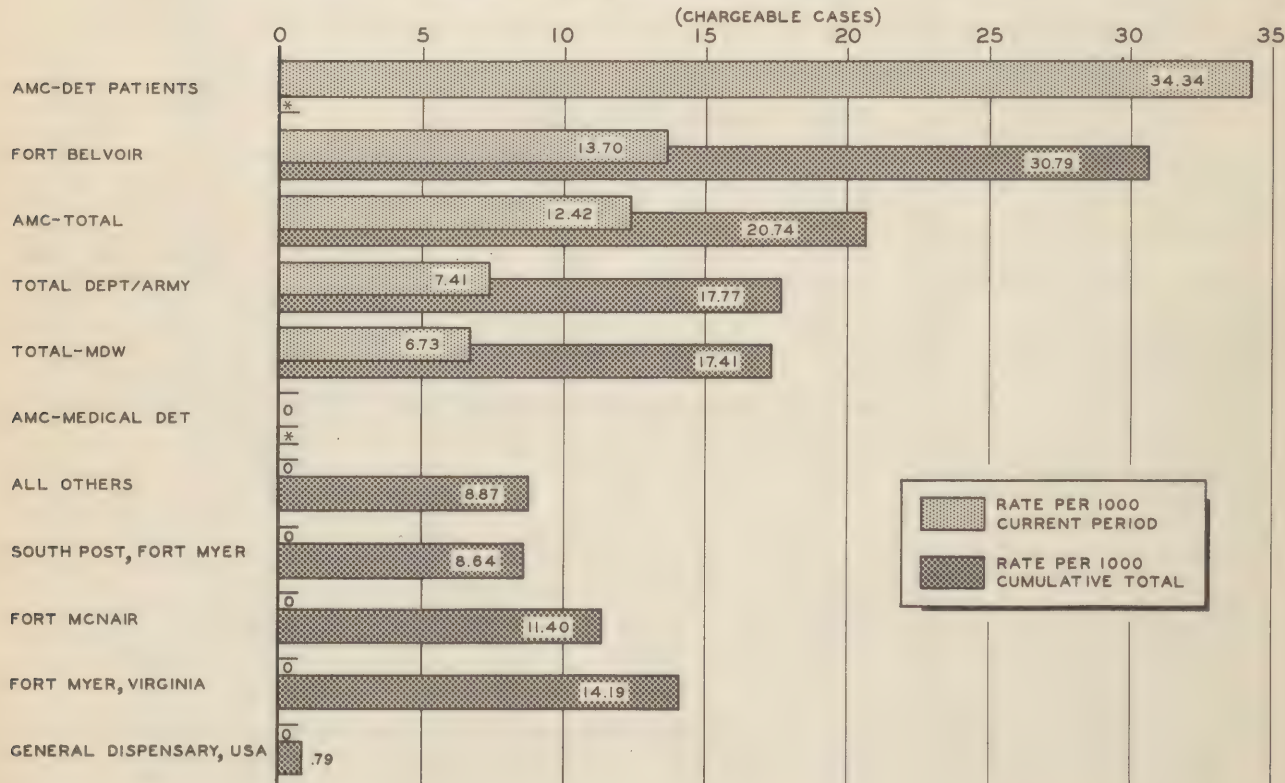
PREVENTIVE MEDICINE

VENEREAL DISEASE RATES FOR US, SEPTEMBER, OCTOBER, NOVEMBER AND DECEMBER 1949 *

(All Army Troops)	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
First Army Area	16	15	11	6
Second Army Area	20	21	16	12
Mil Dist of Washington	22	19	15	7
Third Army Area	26	25	22	18
Fourth Army Area	22	16	17	13
Fifth Army Area	19	20	15	9
Sixth Army Area	22	22	20	16
Total United States	21	20	17	13

*Compiled in the Office of the Surgeon General and includes General Hospitals.

VENEREAL DISEASE RATES PER 1000 PER YEAR FIVE WEEK & CUMULATIVE TOTALS ENDING 30 DECEMBER 1949 TOTAL WHITE & NEGRO PERSONNEL



* Rate not computed; figures not available.

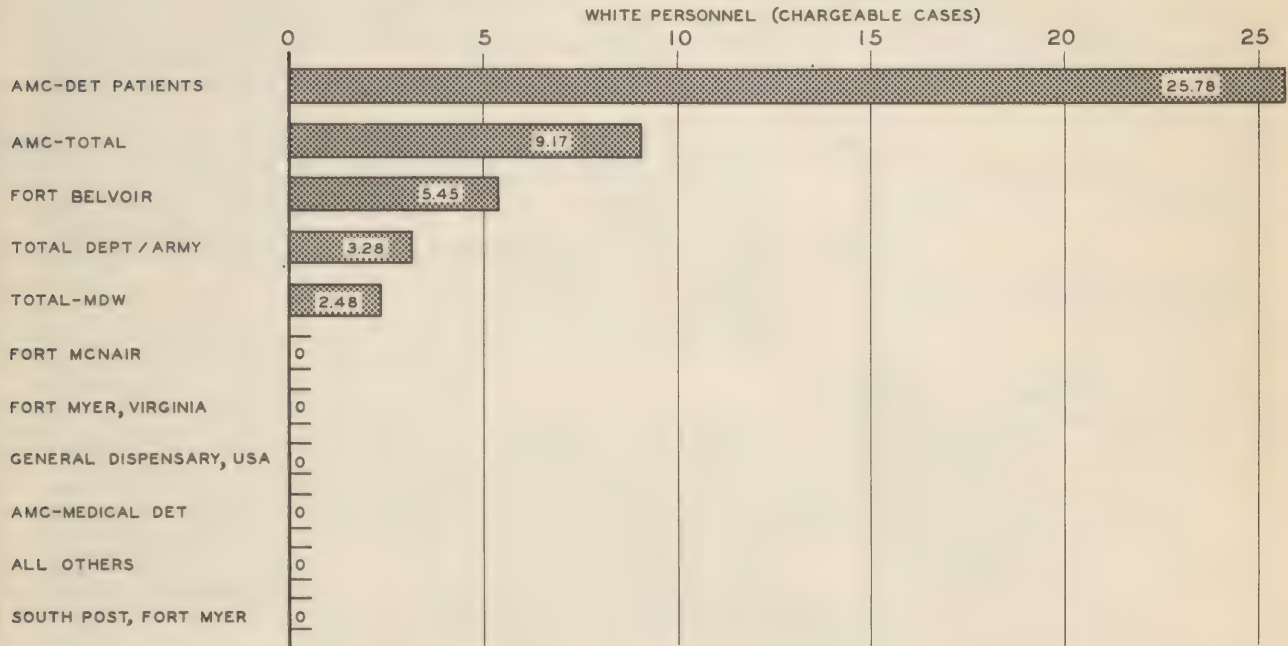
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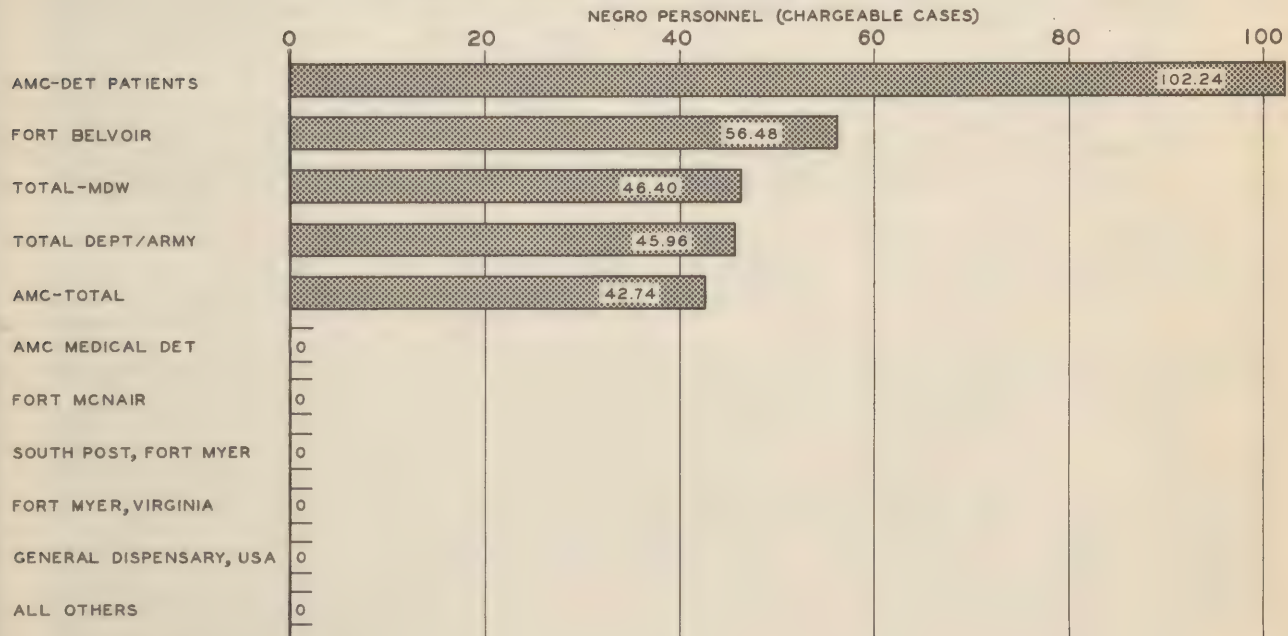
VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR
5 WEEK PERIOD ENDING 30 DECEMBER 1949



VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR
5 WEEK PERIOD ENDING 30 DECEMBER 1949



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VETERINARY SERVICE

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POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED DECEMBER 1949
(Data obtained from WD AGO Form 8-134)

	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		66,809	107,058		173,867	10,780		358,514
Fort Belvoir, Virginia		224,296	387,277		535,158	83,472		1,230,408
Potomac Yards Distribution Point		237,816	103,566	338,230			119,815	799,427
Fort Myer, Virginia		138,257	210,073	75	354,919	12,572		715,896
Mil Dist/Washington Vet Det	295,586							295,586
The Pentagon						219,062		219,062
Total	295,586	667,178	807,974	338,510	1,063,944	325,886	119,815	3,618,893
Army Medical Center		188,914	62,975		251,889	4,290		508,068
Washington Quartermaster		124,074	56,373		159,050	5,328		344,825
Bolling Field		180,303	108,290		342,786	43,625	98,294	773,298
Total		493,291	227,638		753,725	53,243	98,294	1,626,191
Grand Total	295,586	1,160,469	1,035,612	338,510	1,817,669	379,129	218,109	5,245,084
REJECTIONS:								
Insanitary or Unsound								
Army Medical Center		376						376
Fort Belvoir		205						205
Fort McNair		57			100			157
Fort Myer, Virginia					78			78
Not type, class or grade								
Mil Dist/Washington Vet Det	62,459							62,459
TOTAL REJECTIONS	62,459	638			178			63,275
*Class 3 - Prior to Purchase *Class 4 - On delivery at Purchase *Class 5 - Any receipt except Purchase *Class 6 - Prior to Shipment *Class 7 - At Issue *Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants *Class 9 - Storage								

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed General Hospital, are indicated below for the five-week period ending 30 December 1949:

ARMY:

Number of Outpatients 6,137
Number of Treatments 21,821

NON-ARMY:

Number of Outpatients 6,215
Number of Treatments 18,329

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED 2,536
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 4,582

DENTAL SERVICE

DENTAL SERVICE--MONTH OF DECEMBER 1949

STATION	Officers	Days of Duty	Sit-tings	Amal-gam	Oxy and Amal	Silicate	In-lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac-tions	Calcu-lus Removed	X-Rays	Exami-nations
											Full	Par-tial	Re-pair				
Fort Belvoir	9	247	1500	494	375	331	0	18	0	5	7	15	9	293	165	404	1127
Fort McNair	2	53	468	252	291	49	4	0	0	0	0	14	4	45	30	153	69
Fort Myer, Virginia	2	62	993	354	66	57	4	4	2	0	1	10	16	81	28	551	375
South Post, Fort Myer	2	50	345	154	52	39	0	0	0	1	4	7	7	20	4	64	94
General Dispensary, USA	5	153	1837	507	114	155	4	0	0	4	7	21	13	93	213	876	759
All Others	1	29	363	56	47	27	0	0	1	0	0	2	5	37	1	4	267
Total Mil Dist of Wash	21	594	5506	1817	945	658	12	22	3	10	19	69	54	569	441	2052	2619

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ADMINISTRATIVE DIVISION

Selected list of titles received by Army Medical Library, Washington 25, D. C., which were published during the last three years.

- | | | |
|--|---|---|
| Babkin, B. P.
Pavlov, a biography. Chicago, Univ. of Chicago Press, 1949. 364 p. | Custer, R.P.
An atlas of the blood and bone marrow. Philadelphia, W.B. Saunders, 1949. 321 p. | Glover, Edward
Psycho-analysis; a handbook for medical practitioners and students of comparative psychology. 2d ed. London, Staples Press, 1949. 367p. |
| Billig, H.E. & Loewendahl, E. Mobilization of the human body; newer concepts in body mechanics. Stanford, Calif., Stanford Univ. Press, 1949. 65 p.. | Collens, W.S. & Boas, L.C.
Helpful hints to the diabetic. Springfield, Ill., C.C. Thomas 1949. 135 p. | Grubbe, E. H.
X-ray treatment; its origin, birth and early history. Saint Paul, Bruce Pub. Co., 1949. 153 p. |
| Blome, W.H. & Stockling, C.H.
Fundamentals of pharmac; theoretical and practical. 2d ed., rev. Philadelphia, Lea & Febiger, 1949. 312 p. | De River, J.P.
The sexual criminal, a psycho-analytical study. 1st ed. Springfield, Ill., C.C. Thomas 1949. 281 p. | Illingworth, C.F.W. & Dick, B.M.
A text-book of surgical pathology. 6th ed. London, Churchill, 1949. |
| Bloom, P.M.
Modern contraception; a practical guide to scientific birth control. London, Delisle, 1949. 54 p. | Drain, J.R.
Man tomorrow. San Antonio, Tex., Standard Print. Co., 1949. 700 p. Portions of the work are by various contributors. "Six essays on the life of Daniel David Palmer, by C. Sterling Cooley": p. 624-684. | Jenkins, G.G. & others
These are your children; how they develop and how to guide them. Chicago, Scott, Foresman, 1949. 192 p. |
| Bourne, A. W.
A synopsis of obstetrics and gynaecology. 10th ed. Bristol, Wright, 1949. | Eddy, W. H.
Vitaminology, the chemistry and function of the vitamins. Baltimore, Williams & Wilkins, 1949. 365 p. | Kelly, F.C. & Hite, K.E.
Microbiology. New York, Appleton-Century-Crofts, 1949. 592 p. |
| Bourne, Geoffrey
The mammalian adrenal gland. Oxford, Clarendon Press, 1949. 239 p. | Emery, T. E. & Emery, E. W.
The Emery guide for the correction of stammering. 3d ed. Fowler, Ind., Benton Review Pub. Co., 1948. 63 p. | Levine, M.I. & Seligmann, J.H.
A baby is born; the story of how life begins. New York, Simon and Schuster, 1949. 53 p. |
| Brownell, C.L. & others
Health problems, how to solve them. New York, American Book Co., 1949. 317 p. | Foster, J. W.
Chemical activities of fungi. New York, Academic Press, 1949. 648 p. | Longmore, T.A.
Medical photography, radiographic and clinical. 4th ed. London, Focal Press, 1949. 1008 p. |
| Burlage, H. M. and others
Laboratory manual for principles and processes of pharmacy. 2d ed. New York, McGraw-Hill, 1949. 271 p. | Friedberg, C.K.
Diseases of the heart. Philadelphia, W. B. Saunders, 1949. 1081 p. | Marshall, James
The venereal diseases; a manual for practitioners and students. 2d ed., London, Macmillan, 1948. 369 p. |
| Carter, C.W. & Thompson, R.H.S.
Biochemistry in relation to medicine. New York, Longmans, Green, 1949. 442 p. | Funsten, R.V. & Calderwood, C.
Orthopedic nursing. 2d ed. St. Louis, Mosby, 1949. 660 p. | Newton, W.H.
Recent advances in physiology. 7th ed. London, Churchill, 1949. Earlier eds. by C. Lovatt Evans. |
| Chicago, St. Joseph Hospital
Manual of nursing care and routine procedures. Chicago, Burgess, 1949. 155 p. | Gesell, A.L. & others
Vision, its development in infant and child. New York, Hoeber, 1949. 329 p. | Patty, F.A., ed.
Industrial hygiene and toxicology. v. 2. New York, Interscience Publishers, 1949. |
| | | Prince, J.H.
Visual development. v. 1. Edinburgh, Livingstone, 1949. |
| | | Stallard, H.B., ed.
Modern practice in ophthalmology, 1949. London, Butterworth, 1949. 524 p. |

ADMINISTRATIVE DIVISION

The following list of publications is of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir No.	Subject	Date
120		
120	Physical examination for permanent promotion, Regular Army	1 Dec 49

DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

SR No.	Subject	Date
40-305-10	Medical Service, Virology in Army Area Medical Laboratories	28 Dec 49
40-590-47	Medical Service, Medical Service to U.S. Foreign Personnel	12 Dec 49
40-530-50	Medical Service, Herniated Nucleus Pulposus (Treatment and Disposition of Patients)	19 Dec 49

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
68	Off-Limits -- Consolidated List	1 Dec 49
69	Directory and Station List, Military District of Washington	13 Dec 49

MILITARY DISTRICT OF WASHINGTON CIRCULARS

Cir No.	Subject	Date
66	Section I - Release from Active Duty Section II - Civilian Personnel Reports Section III - Classification Medical Service Corps Officers Section IV - Reassignment of Air Force Personnel Section V - Physical Evaluation, Hospitalization, Disposition, Separation for Physical Reasons	7 Dec 49
67	Relief from Active Duty (Officers) Transfer - Staff Specialist Reserve (SS-RES)	12 Dec 49
68	Section I - Promotion of Enlisted Personnel Section II - Application Procedure for Commissioned Personnel Assigned to Duty in the Panama Canal Zone Section III - Withdrawal of temporary Documents from 201 Files	29 Dec 49

PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW

ANMMC File No.	Subject	Date
721.6	Medical Statistical Reports	15 Dec 49
300.6	Release of Information from Medical Records of Members and Former Members of the Armed Forces	6 Dec 49



GENERAL SUMMARY 1949

Unless otherwise indicated, reference to disease and injuries in this summary applies to all Class I and II installations exclusive of Army Medical Center, Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of either service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned since 30 June 1949. (See page 20)

The annual non-effective rate was 8.19; this was a decrease from the 9.34 rate of 1948. During the period the non-effective rate ranged from 10.80 in February to 11.11 in December. A total of 61,143 days lost was reported by units during 1949.

Admissions for all causes during the year totaled 6653 with a resultant rate of 325.3. Of this total, 5,922 with a rate of 289.5 for disease and 731 with a rate of 35.7 for injury. Admissions for all causes during 1948 totaled 6859 with a resultant rate of 377.9. Disease accounted for 6217 with a rate of 342.5 and injury 642 with a rate of 35.4. Fort Myer reported the highest rate of admissions with 798.3 per 1000 troops per year. The lowest rate 194.6 was reported by General Dispensary, USA, The Pentagon.

The rates for all causes varied from a high of 409.2 in August to a low of 263.3 in June.

The incidence of injuries was 35.7 for 1949, compared to 35.4 cases per 1000 in 1948. Fort Myer reported the highest rate for injuries with 101.2 per 1000 troops per year. The lowest rate - 11.6 - was reported by General Dispensary, USA, The Pentagon. April had the lowest injuries rate with 19.6. The month of October was the highest with 47.8. It is interesting to note that the injuries rate for 1948 and 1949 remained unchanged.

A total of 5922 cases of disease with a rate of 289.6 were reported in 1949. This may be compared to 6217 cases with a rate of 342.5 in 1948. Fort Myer reported the highest rate for disease with 697.1 per 1000 troops per year. The lowest rate - 183.0 - was reported by General Dispensary, USA, The Pentagon. During June the disease rate was lowest - 184.4, increased during July and reached the high for the year during August - 364.4.

A total of 129 Certificates of Discharge for Disability was processed throughout 1949 compared to 55 during 1948.

Deaths among military personnel of Class I and II installations, exclusive of Walter Reed General Hospital, totaled 11 during the year 1949.

COMMUNICABLE DISEASE

Respiratory disease incidence reflected an increase in March with a rate of 88.8 and then a sharp decline to a rate of 33.9 in May. Subsequent months alternated upward and downward with a gradual increase upward in evidence during the last quarter of 1949. The annual rate for 1949 was 59.2 compared to 83.9 for 1948.

An annual rate of 7.9 was recorded for a total of 161 cases of pneumonia all types. During 1948 there were 100 cases with a rate of 5.5. Incidence varied from month to month with no particular trend. The highest rate - 16.4 - for 23 cases reported in August. It is interesting to note that the highest rate for 1948 was reported in August of that year with a rate of 9.2 for 13 cases.

The annual rate for measles was 6.5, mumps 2.8, tuberculosis 1.0, rheumatic fever 0.8, diarrheal disease 2.1, hepatitis 2.1, and malaria 0.2.

No cases of scarlet fever were reported throughout 1949.

Pertinent statistical tables may be found on pages 12 and 20.

RESTRICTED

1949

PREVENTIVE MEDICINE

1950

GENERAL DATA
31 December 1938 to 30 December 1949
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of CDD's	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rates	Cases	Rates	Cases	Rates			
Fort Belvoir (A)	9,322	7,807	1,515	2,452	263.0	2,228	239.0	224	24.0	14.37	129	9
(AF)	194	194	0	35	180.4	29	149.5	6	30.9	7.47	0	2
Fort McNair (A)	965	883	82	435	450.8	356	368.9	79	81.9	3.70	0	0
(AF)	75	75	0	0	-	0	-	0	-	-	0	0
Fort Myer, Virginia (A)	1,621	1,410	211	1,294	798.3	1,130	697.1	164	101.2	8.10	0	1
(AF)	0	0	0	28	-	28	-	0	-	-	0	0
South Post, Fort Myer (A)	1,851	1,851	0	928	501.3	860	464.6	68	36.7	2.57	0	0
(AF)	0	0	0	0	-	0	-	0	-	-	0	0
General Dispensary, USA (A)	5,001	4,971	30	973	194.6	915	183.0	58	11.6	1.88	0	1
(AF)	3,194	3,188	6	421	131.8	388	121.5	33	10.3	.95	0	0
All Others (A)	1,692	1,692	0	571	337.5	433	255.9	138	81.6	1.59	0	0
(AF)	22	22	0	1	-	1	-	0	-	-	0	0
Total Mil Dist of Wash (A)	20,452	18,614	1,838	6,653	325.3	5,922	289.6	731	35.7	8.19	129	11
(AF)	3,485	3,479	6	485	139.3	446	128.0	39	11.2	1.40	0	2
Army Medical Center (A)	2,507	2,253	254	1,855	739.9	1,684	671.7	171	68.2	396.51	1,048	53
(AF)	392	369	23	218	556.1	186	474.5	32	81.6	341.72	84	14
Total Dept/Army Units	22,959	20,867	2,092	8,508	370.6	7,606	331.3	902	39.3	50.59	1,177	64
Total Dept/Air Force Units	3,877	3,848	29	703	181.3	632	163.0	71	18.3	35.80	84	16
Six (6) month period only- 1 July 1949 to 30 December 1949												

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
31 December 1948 to 30 December 1949
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneu-monia Types	Pneu-monia All Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Psychiatric Disease
Fort Belvoir (A)	26.3	13.9	5.3	0.4	9.6	4.1	-	1.7	1.3	0.5	3.7	0.3	13.1
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	50.8	1.0	-	2.1	13.5	-	-	-	-	16.6	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer, Virginia (A)	163.5	9.9	9.9	49.4	13.6	6.8	-	0.6	0.6	7.4	1.9	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
South Post, Fort Myer (A)	74.0	1.1	0.5	18.9	-	1.1	-	1.1	0.5	3.2	0.5	0.5	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, (A)	69.0	2.4	2.0	7.0	0.8	1.2	-	0.2	0.6	-	0.6	-	1.8
USA (AF)	54.2	1.6	1.3	4.4	-	-	-	0.3	-	0.9	0.3	-	-
All Others (A)	100.5	-	-	4.1	2.4	0.6	-	-	-	1.8	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of (A)	59.2	7.9	3.7	8.0	6.5	2.8	-	1.0	0.8	2.1	2.1	0.2	6.4
Wash (AF)	52.8	2.0	1.7	4.6	-	0.6	-	0.3	-	0.9	0.3	-	-
Army Medical Center (A)	66.6	0.6	0.3	0.3	0.2	0.1	-	0.5	-	0.2	0.3	0.1	2.2
(AF)	7.7	5.1	5.1	-	-	-	-	-	-	-	-	2.6	28.1
Total Dept/Army Units	55.0	7.6	3.6	7.4	6.0	2.7	-	1.4	0.7	2.0	2.1	0.2	7.9
Total Dept/Air Force Units	48.2	2.3	2.1	4.1	-	0.5	-	0.3	-	0.8	0.3	0.3	2.8
Six (6) month period only- 1 July 1949 to 30 December 1949													

RESTRICTED

VENEREAL DISEASE

Incidence of venereal disease for the entire year of 1949 among troops of the Military District of Washington, including Walter Reed General Hospital, reflected a downward trend with a rise during August and September followed by a decline during the last quarter. The annual rate for 1949 is 17.77 which may be compared to the 1948 rate of 19.09.

Incidence of venereal disease for the Military District of Washington, less Walter Reed General Hospital, was 17.41 for 1949, compared to 18.62 for 1948. Fort Belvoir reported the highest rate with 30.79 and General Dispensary, USA, The Pentagon, the lowest with 0.79. The rates for the months of January, February, April, August, September, and October were above the consolidated total for the year. High rate for the year was reported in August and the lowest rate in December.

Venereal disease incidence among white personnel fluctuated from a high of 18.29 during February to a low of 2.48 for December. Fort Belvoir reported the highest rate for white personnel with 18.70 and General Dispensary, USA, The Pentagon, the lowest with 0.80. The rates for the months of January, February, March, April, July, August, and October were above the consolidated total for the year. The white rate for 1949 was 10.85 compared to 12.00 during 1948.

During the month of September the Negro incidence reached its highest rate - 111.94. The lowest rate was reported during December - 46.40. Fort Belvoir reported the highest rate with 93.07 and General Dispensary, USA, The Pentagon, the lowest with no cases reported. The rates for the months of January, February, April, May, August, September, and October were above the consolidated total for the year. The Negro rate for 1949 was 83.79, compared to 97.76 during 1948.

VENEREAL DISEASE - USA - 1949 *

	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>
First Army	33	24	29	26	22	19	20	17	16	15	11	6
Second Army	37	22	22	25	28	24	26	25	20	21	16	12
Mil Dist Wash	23	23	16	22	13	14	18	24	22	19	15	7
Third Army	37	27	27	22	23	24	25	30	26	25	22	18
Fourth Army	23	18	24	22	16	22	26	22	22	16	17	13
Fifth Army	25	20	18	14	15	16	16	17	19	20	15	9
Sixth Army	25	22	19	22	21	18	21	21	22	22	20	16
TOTAL U.S.	30	22	23	22	20	20	23	23	21	20	17	13

*This information compiled in Office of the Surgeon General and includes General Hospitals.

1949 OUTPATIENT SERVICE 1950

OUTPATIENT SERVICE 1949

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed General Hospital, for the 52-week period ending 31 December 1949 are indicated below:

<u>ARMY</u>		<u>NON-ARMY</u>	
Number of Outpatients	99,137	Number of Outpatients	72,193
Number of Treatments	224,279	Number of Treatments	169,865
NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED			24,021
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED			76,160

RESTRICTED**1949****PREVENTIVE MEDICINE****1950****ANNUAL VENEREAL DISEASE STATISTICAL REPORT**

- 31 December 1948 to 30 December 1949

(Data from WD AGO 8-122)(Chargeable Cases)

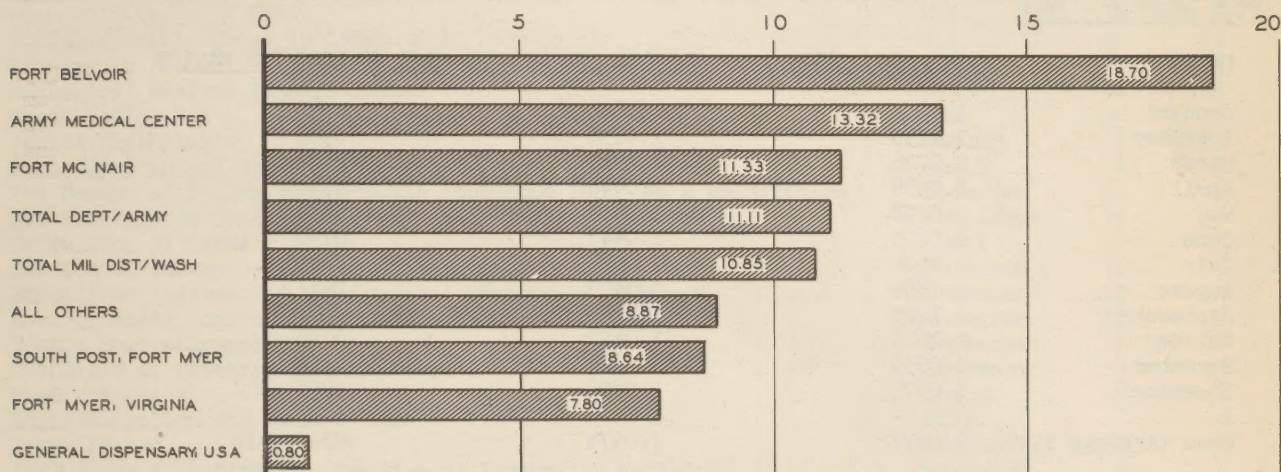
STATION	R A C E	Number of Cases-EPTS Not Included					Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
		Mean Strength	Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7807	21	122	3	146	18.70	137
	N	1515	30	110	1	141	93.07	155
	T	9322	51	232	4	287	30.79	292
Fort McNair	W	883	1	9	0	10	11.33	0
	N	82	0	1	0	1	12.20	0
	T	965	1	10	0	11	11.40	0
Fort Myer, Virginia	W	1410	0	10	1	11	7.80	4
	N	211	1	11	0	12	56.87	0
	T	1621	1	21	1	23	14.19	4
South Post, Fort Myer.	W	1851	4	12	0	16	8.64	0
	N	0	0	0	0	0	0	0
	T	1851	4	12	0	16	8.64	0
General Dispensary, USA	W	4971	0	4	0	4	0.80	0
	N	30	0	0	0	0	0	0
	T	5001	0	4	0	4	0.79	0
All Others	W	1692	0	15	0	15	8.87	0
	N	0	0	0	0	0	0	0
	T	1692	0	15	0	15	8.87	0
Total Mil Dist of Wash	W	18614	26	172	4	202	10.85	141
	N	1838	31	122	1	154	83.79	155
	T	20452	57	294	5	356	17.41	296
Army Medical Center - Total	W	2253	8	21	1	30	13.32	3856
	N	254	4	14	4	22	86.61	3332
	T	2507	12	35	5	52	20.74	7188
Total Dept/Army Units	W	20867	34	193	5	232	11.11	3997
	N	2092	35	136	5	176	84.13	3487
	T	22959	69	329	10	408	17.77	7484

RESTRICTED

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

31 DECEMBER 1948 TO 30 DECEMBER 1949

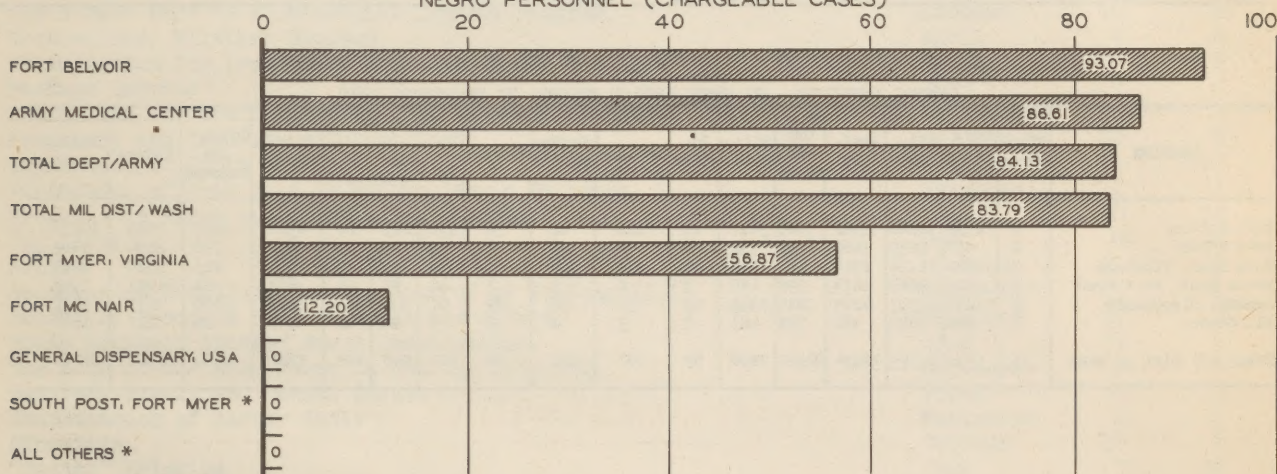
WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

31 DECEMBER 1948 TO 30 DECEMBER 1949

NEGRO PERSONNEL (CHARGEABLE CASES)



* No Negro Personnel Assigned

RESTRICTED**1949 HOSPITAL MESS ADMINISTRATION 1950**

1949

HOSPITAL MESS ADMINISTRATION
(Data from WD AGO Form 8-210)

1950

FORT BELVOIR - 1949

<u>MONTH</u>	<u>INCOME PER RATION</u>	<u>EXPENSE PER RATION</u>	<u>GAIN OR LOSS PER RATION</u>
January	1.1650	1.0670	.0980
February	1.1130	1.0150	.0980
March	1.0706	1.0544	.0162
April	1.0588	1.0448	.0140
May	1.0728	1.0697	.0031
June	1.0605	1.0447	.0158
July	1.0900	1.0286	.0614
August	1.0884	1.0473	.0411
September	1.1923	1.1046	.0878
October	1.0616	1.0472	.0144
November	1.0659	1.0824	-.0165
December	1.0375	1.0828	-.0452
Mean (Average 1949)	1.0897	1.0574	.0323 Gain

1949**DENTAL SERVICE****1950****DENTAL SERVICE - 52 WEEK PERIOD ENDING 31 DECEMBER 1949**

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
											Full	Par- tial	Re- pair				
Fort Belvoir	7	2532	18266	5912	5765	3817	11	118	12	38	136	225	180	4324	1610	3342	10238
Fort McNair	1	461	6239	3660	1779	772	6	4	6	2	13	105	29	651	738	1084	1403
Fort Myer, Virginia	1	381	11114	2714	647	548	16	7	24	5	39	139	99	764	213	7626	4455
South Post, Fort Myer	2	426	4645	2114	399	445	1	0	7	3	40	93	24	689	64	1931	1341
General Dispensary	4	1296	23313	4273	1444	1441	23	35	58	39	91	329	149	1111	2709	7637	9321
All Others	1	226	1622	481	293	183	2	3	4	2	0	24	11	247	25	117	1007
Total Mil Dist of Wash	16	5322	65199	19154	10327	7206	59	167	111	89	319	915	492	7786	5359	21724	27765

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1949 CONSOLIDATED INDEX 1950

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